

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/13/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965996	(X3) DATE SURVEY COMPLETED R 06/22/2017
NAME OF PROVIDER OR SUPPLIER TENDER LOVING CARE ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 3100 SW 79 AVENUE MIAMI, FL 33155	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on 06/22/17. Tender Loving Care ALF with a standard license (#10309) had no deficiencies found at time of the survey.